

Name
in
Full

Richard J. Anderson

CERTIFICATE OF DEATH

Died at

Synches

Town

County

Kent

MARYLAND

Date

of death 190 3

Month

Mar

Day

8

Years

Age

65

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Md

Married, Single
or Widowed

Married

Occupation

Laborer

Name of Wife
Husband

Hannah E. Butler

Father's
Name

George Anderson

Father's
Birthplace

Md

Mother's
Maiden Name

Cennie Anderson

Mother's
Birthplace

Md

Name of person giving
Information

Hannah E. Butler

How related
to deceased

his Wife

CAUSES OF DEATH

Primary

Nephritis.

120

How long

one week.

Immediate

Nraemia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Wm. S. Maxwell,

Address

Still Pond.

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J

Fountain

Albert *Maynard*

Died at *Wilmington* Town *Kent co* County *MARYLAND*

Date 1903 *3* Month *3* Day *4* Age *3 weeks* Y. M. D. Native of Occupation
 Male *White* Married Widow Divorced
~~Female~~ Colored Single Widower Number of children living *2*

Husband of

Wife

Father's Name *Frank Baynard* Mother's Maiden Name *Nancy Baynard*

Cause of Death { Primary *Catastrophe of the* How long sick
 Immediate *Found* Accident, Suicide, Homicide

Reported by *L. Odgers*

Address *Wilmington*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Beaves
 Town Rock Hall County Kent - MARYLAND
 Died at
 Date 1902 March 27 Age 48 2 5
 Male White Married Widow Divorced
 Female Colored Single Widower
 Native of Occupation
 Number of children living

Husband of
 Wife
 Father's Name Mother's Maiden Name

Cause of Death { Primary Pneumonia 93
 Immediate Exhaustion
 How long sick 14 day
 Accident, Suicide, Homicide

Reported by W. Sully
 Address Rock Hall Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Date 19

Husband

~~Wife~~

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coronar, undertakar or minister.

Rudolph Besowsky

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

03

Mar 6

Age

54 3 8

German Gymnase

MARYLAND

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

9

of

Mary Besowsky

Mother's

Maiden Name

Primary

Heart disease

Immediate

Exhaustion

How long sick

dropped dead

Accident, Suicida, Homicida

Address

Must be signed by physician, if any in attendance, otherwise by coronar, undertakar or minister.



Name in Full *John H. Brown*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

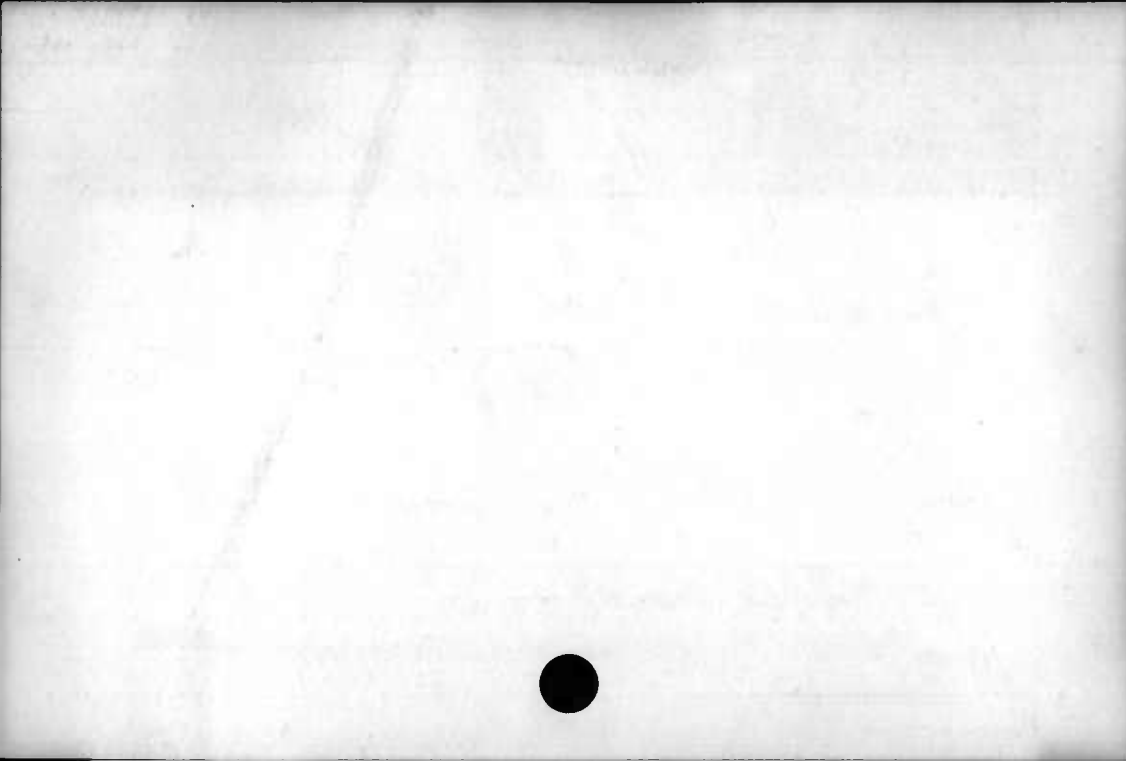
MARYLAND

Died at <i>Comona</i> Town		<i>Kent</i> County			
Date of death 1903	Month <i>Mar.</i>	Day <i>19th</i>	Years <i>40</i>	Months <i>—</i>	Days <i>19</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Kent Co.</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>Manie Brown</i>					
Father's Name <i>Jno. E. Brown</i>				Father's Birthplace <i>Kent Co.</i>	
Mother's Maiden Name <i>Agnes Murray</i>				Mother's Birthplace <i>Kent Co.</i>	
Name of person giving information <i>Wm. A. Brown</i>				How related to deceased <i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i>
Immediate <i>Hemorrhage from lungs</i>	How long <i>Had for 2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. George Simmons</i>
	Address <i>Chester, Md.</i>
Accident or Suicide? <i>no.</i>	



Name
in
Full

CERTIFICATE OF DEATH

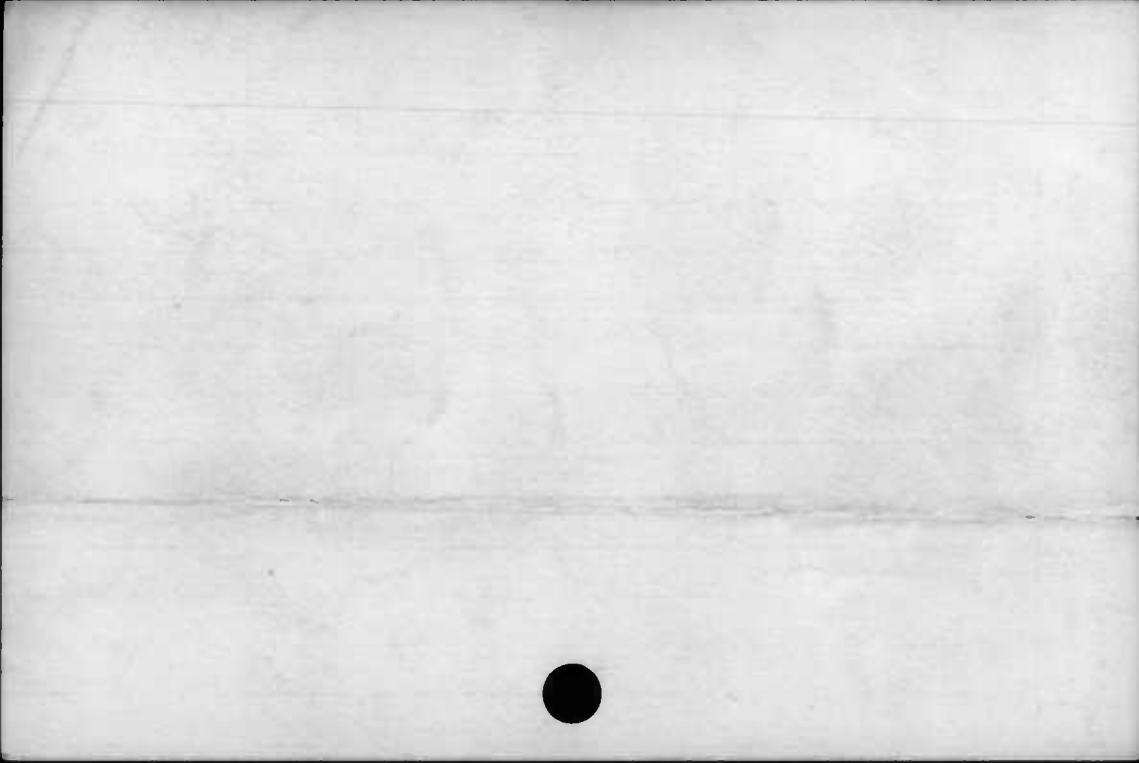
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesterville</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>13</i>	Age <i>71</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Buttlers town Md</i>			
Married, Single or Widowed	<i>Married</i>		Occupation <i>Nurse</i>		
Name of Wife or Husband	<i>Robert Butler</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	<i>Emily Johns</i>		How related to deceased <i>Son in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>12 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>95</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. P. Gourman M.D.</i>
		Address	<i>Millington Md.</i>
Accident or Suicide?	<i>—</i>		



MARYLAND

Died at *Louise Grove* Town *Prind* County
 Date 19 *03* *mar* *28* Month Day
 Age *maryland*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name *Ellie Butler* Mother's Maiden Name *Emma Mills*

Cause of Primary

How long sick,

Death Immediate

~~Accident, Suicide, Homicide~~Reported by *John & Adams* *undertaker*Address *Balru*

Must be signed by physician, if any in attendance, otherwise by coroner undertaker or minister.



Name in Full

Certificate of Death

Harriet Callahan

Town

County

Died at

MARYLAND

Date 1903 Mar 28 Y. 68 M. 1 D. Ind Native of House Wif Occupation
~~Male~~ White Married Widow Divorced
 Female Colored Single Widower Number of children living 1

Husband of Charles Callahan
 Wife

Father's Name Henry Parker

Mother's Name Daisy Scott

Cause of Death { Primary Peritonitis
 Immediate

How long sick About 3 weeks
 Accident, Suicide, Homicide

Reported by E & L Clark

Address Millington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full

Certificate of Death

Marie Dorsey

Died at ^{near} Salena TownCounty Kent

MARYLAND

Died 1903 Month 3 Day 6 Age 7 Y M. D. Native of Kent Co OccupationDate 1903 Male White Married Widow Divorced Female Colored Single Widower Number of children living 10Husband of
WifeFather's Name James DorseyMother's Name Lydia DorseyCause of Primary Diphtheria How long sick 5 daysDeath Immediate Acute Hemorrhage Accident, Suicide, HomicideReported by Edward A. Scott, M.D.Address Salena Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6396R



James Edward
 Died at *Qing neck* *Kent* *MD* **MARYLAND**
 Town County
 Date 19 *03* *Mar.* *26* Age *23*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sarah Eggerson
Eggerson & Eggerson
 Town County

Died at *Christerville* MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 19 *03* *may* *24* Age *85* *Domestic house work*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living *Two*

Husband of

Wife

Father's Name *Esau Eggerson* Mother's Maiden Name

Cause of Death { Primary *Heart Disease* Immediate
 How long sick *2 month*
 Accident, Suicida, Homicide

Reported by *John S Adams* 79

Address *Salina*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Julia Annin Fletcher

Town

County

Died at

Lansford

Kent

MARYLAND

1903 Month Day Y. M. D. Native of Occupation

Date 1903 3 29 Age 10 ~~Ant~~ ~~—~~

~~Male~~ White ~~Married~~ Widow Divorced ~~—~~

Female ~~Colored~~ ~~Sing~~ ~~Widower~~ Number of children living

Husband

Wife

Father's

Name

Walter D. Fletcher

Mother's

Name

Grace Vickie Fletcher

Cause of

Primary

Immediate

Detained
(Fusion Movement)

How long sick

3 days

Accident, Suicide, Homicide

Reported by

Address

Frank Lewis, MD
Chesapeake, MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	March	27	Age	66		Del.	
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	3

Husband
ofWife
Father's
NameMother's
NameCause of
PrimaryDeath
Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate

received from _____

of _____

Name
in
Full

A. M. Gudgeon.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keuf Co Alms House</i>		County <i>Kent G.</i>		MARYLAND	
Date <i>Mar 28</i> of death 19 <i>03</i>	Month <i>Mar</i>	Day <i>28</i>	Years <i>92</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White American</i>		Birth-place <i>—</i>	
Married, Single or Widowed <i>Widower.</i>		Occupation <i>Machine agk.</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>M. A. Joulson</i>				How related to deceased <i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER.

Primary <i>Old age</i>	How long <i>154</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. A. Joulson</i>
	Address <i>Master</i>
	<i>Chester town Md,</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Luther

Harris

Town

County

Died at

Rock Hall

Kent

MARYLAND

Date 1903

Month Day

Mar 11

Age

Y. M. D.

25 4

Native of

Occupation

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Sara Harris

Lucia Nichols

Cause of

Primary

Not Known

How long sick

3 days

Death

Immediate

No Dr. in attendance

Accident, Suicide, Homicide

Reported by

Thos H. Leasey Undertaker

Address

Rock Hall. Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Joseph E. Hickey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Chesterstown		Kent					
Date of death 190	a	Month	Day	Years	Months	Days	
March		10th		Age 27	8	5	
Sex	Male		Color or Race	White		Birth-place	Kent Co
Married, Single or Widowed	Single		Occupation	Sailor			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Samuel J Hickey Sr				Del.			
Mother's Maiden Name				Mother's Birthplace			
Eliza Johnson				Md			
Name of person giving information				How related to deceased			
Samuel J Hickey Jr				Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	2 years
Immediate	Asthma		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. G. Simpser	
Yes		Address	Chesterstown Kent Co	
Accident or Suicide?				



Name
in
Full

Charles Hudchens

CERTIFICATE OF DEATH

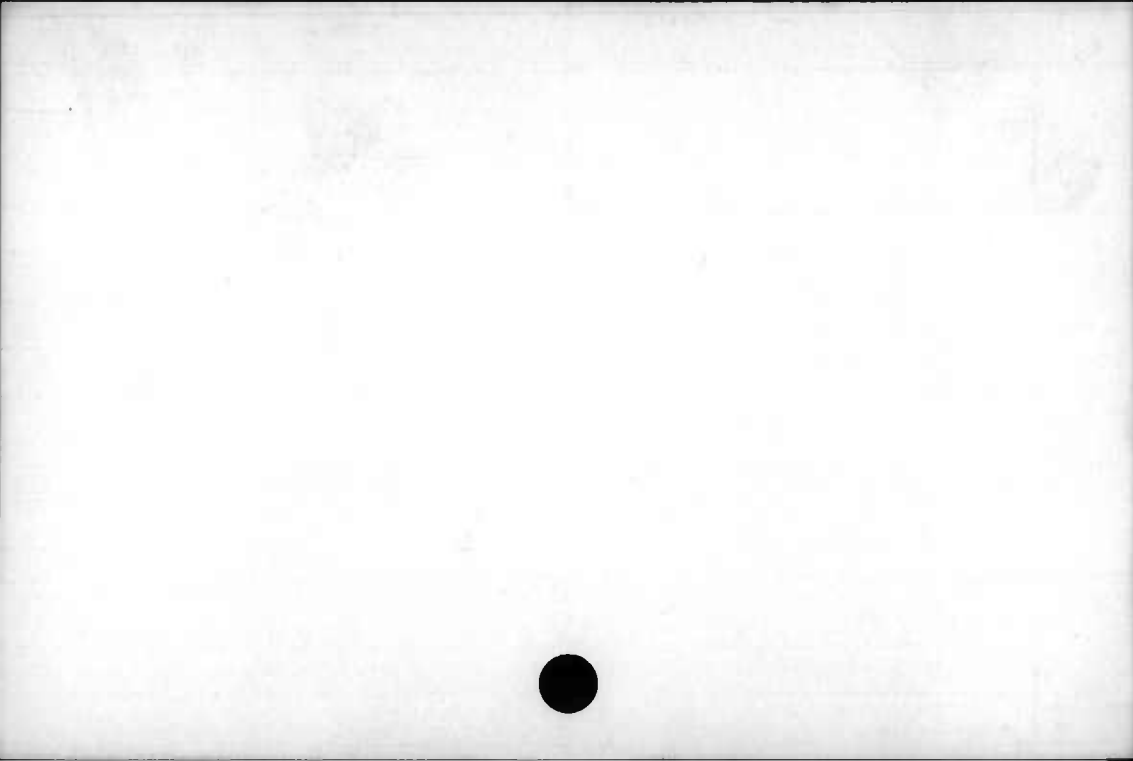
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Almhouse</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>20</i>	Age <i>70</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>—</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Plasterer</i>				
Name of Wife or Husband <i>—</i>			Father's Birthplace <i>—</i>		
Father's Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Wm Ford</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>66</i>
Immediate <i>"</i>	How long <i>Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Landon</i>
	Address <i>Christ Church</i>
Accident or Suicide?	



Name
in
Full

Martha M. Hurd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hanesville</i>			County <i>Kent</i>			MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>23</i>	Age <i>1</i>	Years	Months <i>7</i>	Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Kent Co Md</i>			
Married Single or Widowed			Occupation <i>None</i>				
Name of Wife or Husband							
Father's Name <i>Walter Hurd</i>				Father's Birthplace <i>Kent Co Md</i>			
Mother's Maiden Name <i>Abbie Leonard</i>				Mother's Birthplace <i>Delaware</i>			
Name of person giving information <i>Walter Hurd</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>Serious day</i>
Immediate <i>congestion of lungs</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Messer</i>
	Address <i>Hanesville Md</i>
Accident or Suicide?	

Union

Name
in
Full

William Hurd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Worton		County Kent		MARYLAND	
Date of death 1903		Month March		Day 16		Age Years Months Days 14	
Sex Male		Color or Race White		Birth- place Kent Co Md			
Married, Single or Widowed		Occupation None					
Name of Wife or Husband							
Father's Name Charles H. Hurd				Father's Birthplace Kent Co Md			
Mother's Maiden Name Anna F. Hynson				Mother's Birthplace Kent Co Md			
Name of person giving Information Charles H. Hurd				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Stomach trouble		How long 104 days	
Immediate Spasms		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John H. Hensley	
Address Baltimore Md			
Accident or Suicide			

St Pauls

Name
in
Full

Sarah Ferguson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

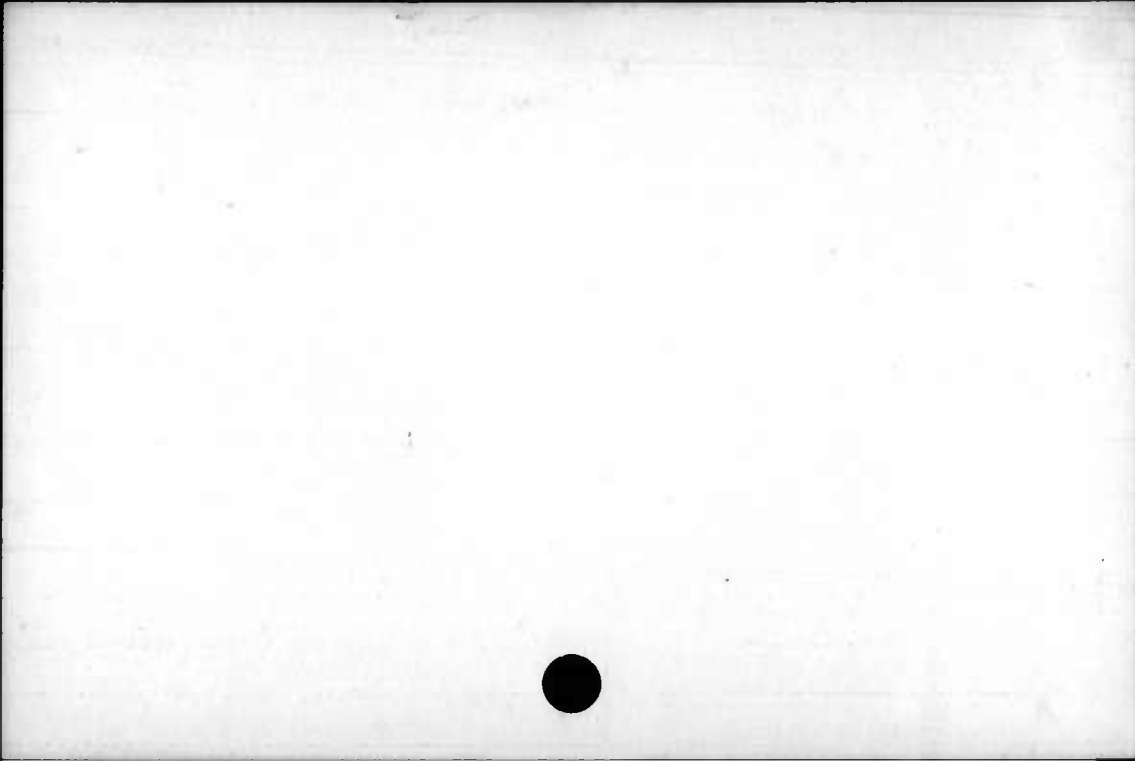
Died at		Town Chesler Town		County Kent		MARYLAND	
Date of death 1903	Month Mar	Day 23	Age 95-	Years	Months	Days	
Sex female		Color or Race Black		Birth- place		—	
Married, Single or Widowed				Occupation house wife			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving in formation				How related to deceased			

daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age	How long
Immediate	154	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. E. Ferguson under	
	Address Chesler Town	
Accident or Suicide?		



Name
in
Full

William Jester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Georgetown</i> ^{Town}		<i>Trent</i> ^{County} <i>Co</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>27</i>	Age <i>67</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>machinist</i>		
Name of Wife or Husband <i>Catharine Jester</i>					
Father's Name <i>Can't learn</i>			Father's Birthplace <i>Can't learn</i>		
Mother's Maiden Name <i>Can't learn</i>			Mother's Birthplace <i>Can't learn</i>		
Name of person giving information <i>Catharine Jester</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid - Pneumonia</i>	How long <i>Six days</i>
Immediate <i>Uremic poisoning</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Wm. Latimer</i>
	Address <i>Salena, Md.</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name
in
Full

Emma Johnston

CERTIFICATE OF DEATH

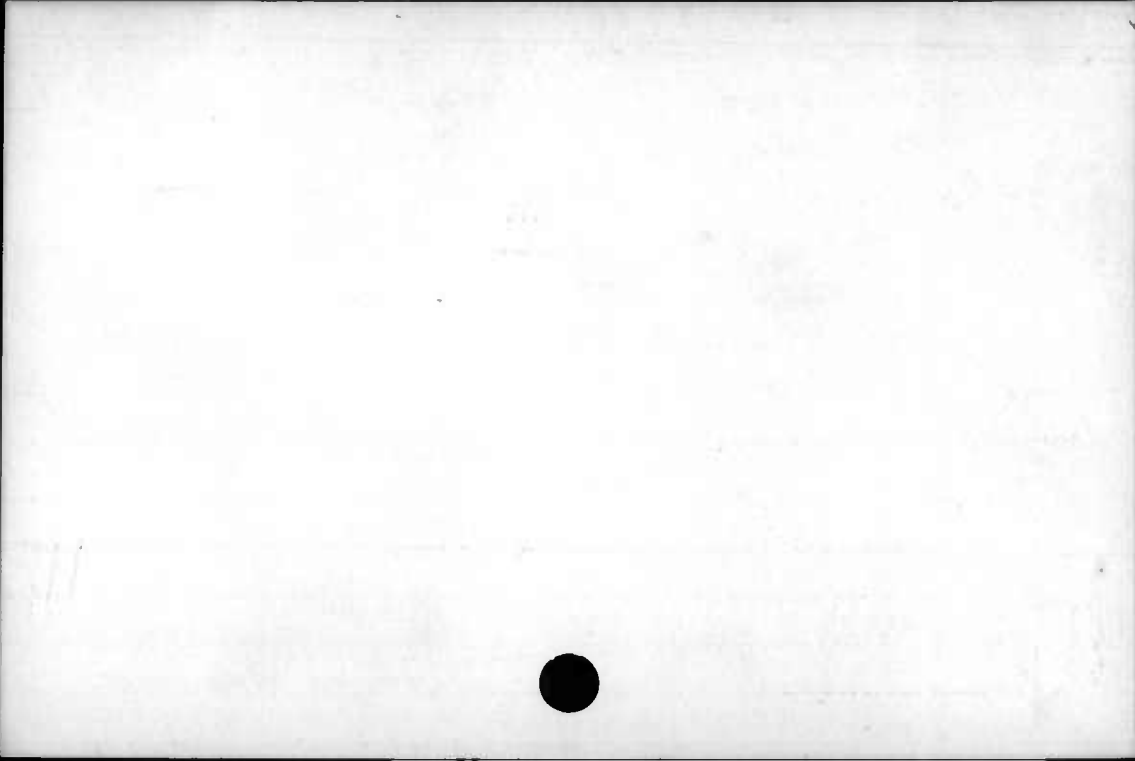
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Still Pond</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>mch</i>	Day <i>18</i>	Age <i>18</i> <small>Years</small>	Months <i>6</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>Blk</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Alexandra Johnston</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Larry Johnston</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Mrs Johnston</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yab</i>	Signature of Physician <i>W. R. McNeill</i>
	Address <i>Still Pond Md.</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

George Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Worton</u> ^{Town}			<u>Hunt</u> ^{County}			MARYLAND	
Date of death 190 <u>3</u>		Month <u>March</u>	Day <u>17</u>	Age <u>88</u> ^{Years}	Months <u>—</u>	Days <u>—</u>	
Sex <u>Male</u>			Color or Race <u>Black</u>		Birth-place <u>md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Laborer</u>				
Name of Wife or Husband <u>—</u>							
Father's Name <u>unknown</u>					Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>unknown</u>					Mother's Birthplace <u>—</u>		
Name of person giving information <u>Tilden Cooper</u>					How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediate <u>Old Age</u>		How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>John H. Hesser</u>
		Address <u>Harrisville W. Va.</u>
Accident or Suicide? <u>8</u>		

Fontaine Church

Name In Full

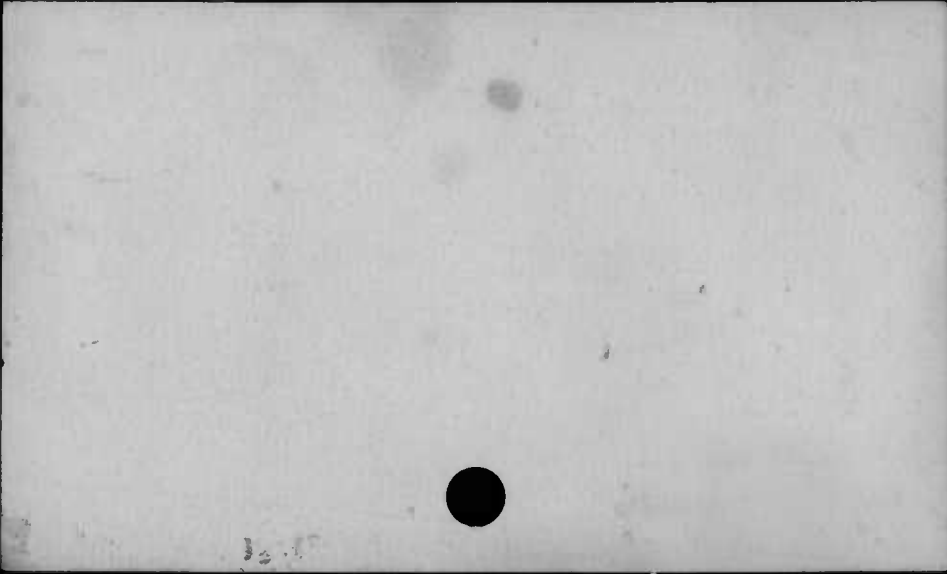
Certificate of Death

Lizzie Lee
 Town *Union* County *Kent* MARYLAND
 Died at *Union*
 Date 19 *03* Month *13* Day *31* Y. *85* M. *—* D. *—* Native of *Ind* Occupation *—*
 Male *—* White *—* Married *—* Widow *—* Divorced *—*
 Female *—* Colored *—* Single *—* Widower *—* Number of children living *not known*
 Husband *—* of *—*
 Wife *—*

Father's Name *Wm Lee* Mother's Maiden Name *—*
 Cause of Death { Primary *Old age* Immediate *—* }
 How long sick *154*
 Accident, Suicide, Homicide *—*

Reported by *Dr W H Jacobs*
 Address *Billington Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lussie I Nickerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kennedysville</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>mch</i>	Day <i>13</i>	Age <i>28</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ill</i>	
Married, Single or Widowed <i>married</i>			Occupation <i>Housewife</i>		
Name of wife or Husband <i>Charles W. Nickerson</i>					
Father's Name <i>Joseph Edwards</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Wilmina Edwards</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Char Nickerson</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>Five days</i>
Immediate <i>Paralysis of heart</i>	How long <i>9 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo W. Burwick M.D.</i>
	Address <i>Kennedysville, Md.</i>
Accident or Suicide? <i>X</i>	

Kennedyville

Sadie B. Holand

Town

County

Died at

Rock Hall

Kent

MARYLAND

Date 189

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 6

Age

22

11

1

U.S.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

~~Husband~~

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Phthisis Pulmonalis

How long sick

10 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. W. H. Gary

W. H.

Address

Rock

Hall

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Saluda</i> Town <i>MD</i>		<i>Kent</i> County		MARYLAND	
Date of death 190 <i>3</i>	<i>3</i> Month	<i>14</i> Day	Age <i>73</i> Years	<i>—</i> Months	<i>—</i> Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Basil Co</i>		
Married, <input type="checkbox"/> <i>Single</i> or <input checked="" type="checkbox"/> Widowed			Occupation		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace		
Mother's Maiden Name <i>—</i>			Mother's Birthplace		
Name of person giving information <i>let</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>Four hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Wm Lattimer</i>
	Address <i>Saluda MD</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

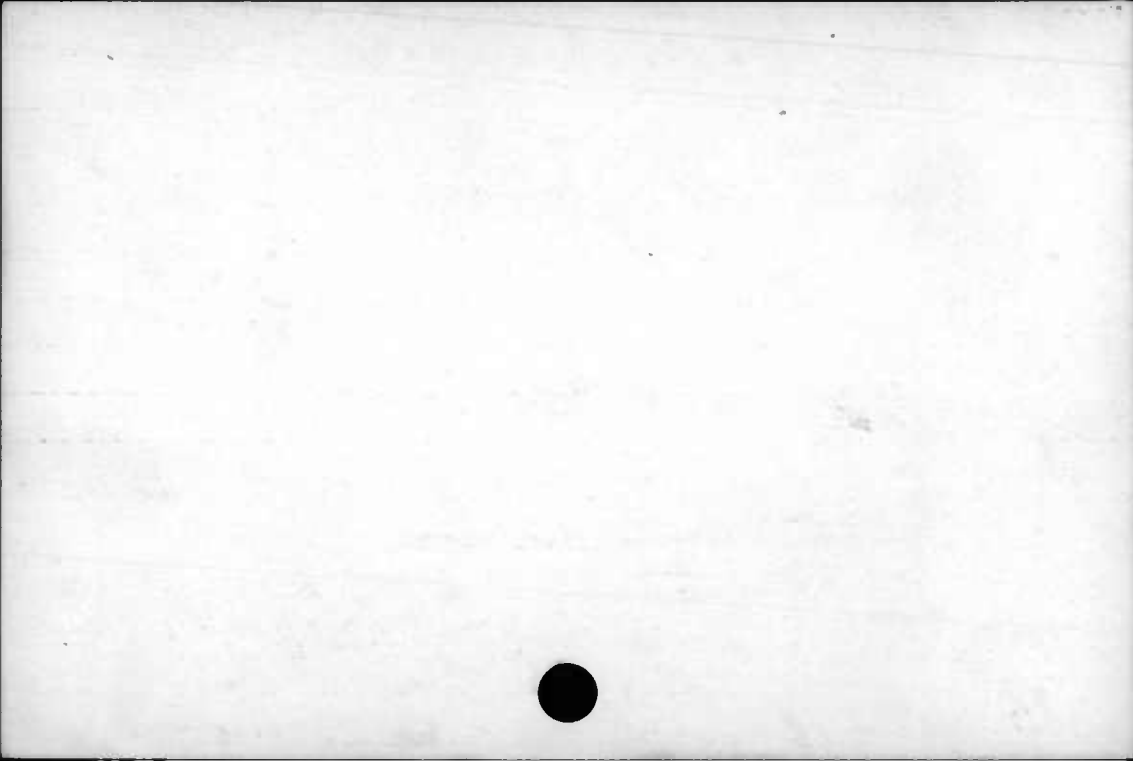
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Willingboro</i> ^{Town}		<i>Knott</i> ^{County}		MARYLAND	
Date of death 19 <i>43</i>	<i>3</i> ^{Month}	<i>8</i> ^{Day}	Age <i>73</i> ^{Years}	<i>7</i> ^{Months}	<i>3</i> ^{Days}
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place		
<input checked="" type="checkbox"/> Married, Single or Widowed			Occupation		
Name of Wife or Husband <i>Natasha Rasud</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lebility</i>	How long <i>Year</i>
Immediate <i>11</i>	How long <i>154</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. [Signature]</i>
	Address <i>Drinking [Signature]</i>
Accident or Suicide?	



Name
in
FullBessie Medford Ringgold
Town
Chesler
County
Kent

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 190 B

March

21

Age

70

Sex

Female

Color or
Race

Black

Birth-
place

—

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Consumption & Bright's disease

How long

Immediate

Shock

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

L. H. Phelan M.D.

Address

Chesler
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

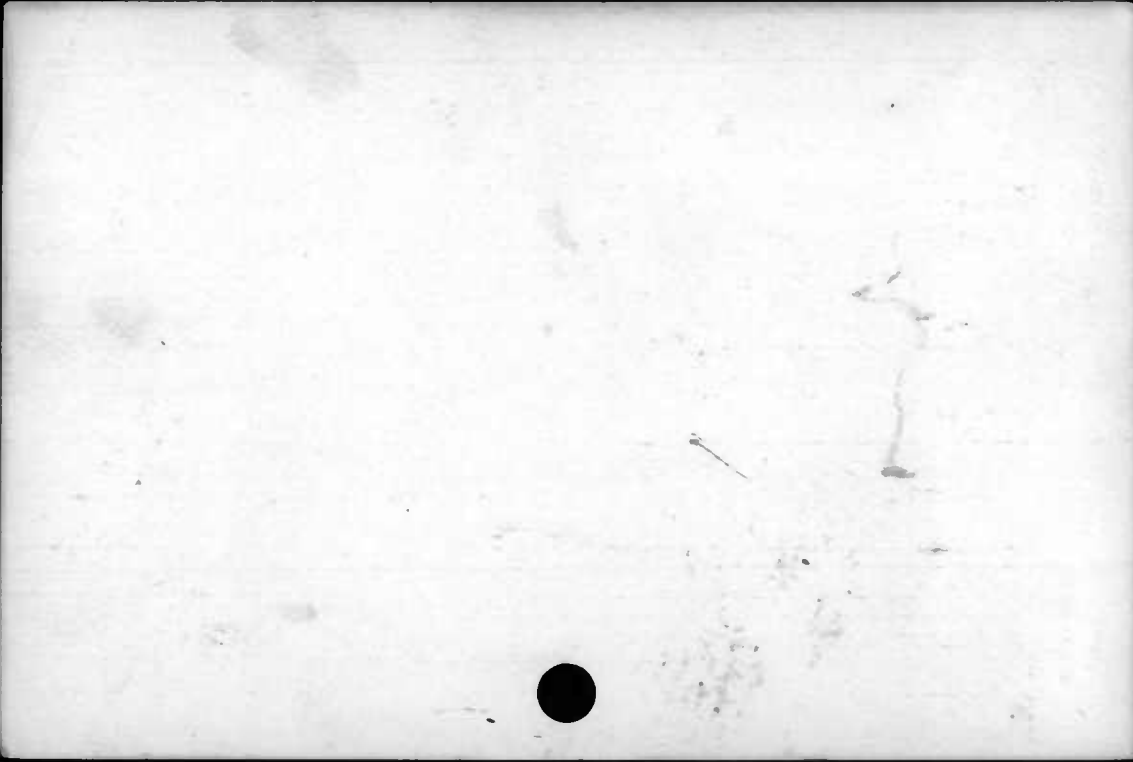
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesterville</i> Town		<i>Kent</i> County		MARYLAND	
Date of death 190	3	Month	<i>Mar</i>	Day	<i>20</i>
Age	<i>6</i>	Years		Months	<i>1</i>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Chesterville</i>
Married, Single or Widowed	<i>—</i>		Occupation	<i>None</i>	
Name of Wife or Husband	<i>— 70 —</i>				
Father's Name	<i>Samuel Scott</i>			Father's Birthplace	<i>Chesterville</i>
Mother's Maiden Name	<i>Annie Scott Dyer</i>			Mother's Birthplace	<i>Cambridge</i>
Name of person giving information	<i>Sam'l Scott</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Gastritis</i>	How long	<i>12 hours</i>
Immediate	<i>Convulsion</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. P. Gorman M.D.</i>
		Address	<i>Willington</i>
Accident or Suicide?		<i>—</i>	



Name
in
Full

Anna Rebecca Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Melilot</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Mar</i>	Day <i>21st</i>	Years <i>31</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Kent Co</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>George Stewart</i>					
Father's Name <i>Jefferson Wilson</i>			Father's Birthplace <i>Kent Co</i>		
Mother's Maiden Name <i>Amie Barroll</i>			Mother's Birthplace <i>Kent Co</i>		
Name of person giving information <i>Geo. Stewart</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>One year</i>
Immediate <i>Asthma</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Simpson</i>
	Address <i>Chester town, Kent Co</i>
<i>X</i> Accident or Suicide?	



Alveta Ward

Town

County

MARYLAND

Died at *Georgetown**Kent*

Month Day

Y. M. D.

Native of

Occupation

Date 19 *03**March 30*Age *28**Maryland Housewife*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

none

Husband of

Wife *John Henry Ward*

Father's Name

Mother's

Name *Jacob Cooper*

Maiden Name

Elizabeth Barnes

Cause of

Primary

Abortion

How long sick

2 Months

Death

Immediate

Septic

Accident, Suicide, Homicide

Reported by *J B Willson - Saw this woman but once Mar*

Address

*Eden ville Kent Co Md**30th 1903*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Margaret I White

CERTIFICATE OF DEATH

MARYLAND

Died at

Flatland

Town

County

Kent

Date

of death 1903

Month

March

Day

7

Years

72

Age

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Cecil Co Md

Married, Single

~~or Widowed~~

Single

Occupation

None

Name of Wife or
HusbandFather's
Name

John White

Father's
Birthplace

Cecil Co Md

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Cecil Co Md

Name of person giving
in formation

Mrs. Geo J. Hudson

How related
to deceased

Second Cousin

CAUSES OF DEATH

Primary

Bright Disease

How long

3 years

Immediate

Bright Disease

How long

3 years

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

John H. Hoessing

Address

Hanesville, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

